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## BIB DATA SHEET

CONFIRMATION NO. 9027

<b>SERIAL NUMBER</b> 10/723,189	<b>FILING or 371(c) DATE</b> 11/26/2003 <b>RULE</b>	<b>CLASS</b> 345	<b>GROUP ART UNIT</b> 2624	<b>ATTORNEY DOCKET NO.</b> 136854GS/YOD GEMS:0259	
<b>APPLICANTS</b> Gopal B. Avinash, New Berlin, WI; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 02/25/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <i>[Signature]</i> <input type="checkbox"/> Met after Allowance Examiner's Signature Initials		<b>STATE OR COUNTRY</b> WI	<b>SHEETS DRAWINGS</b> 3	<b>TOTAL CLAIMS</b> 29	<b>INDEPENDENT CLAIMS</b> 7
<b>ADDRESS</b> GE HEALTHCARE c/o FLETCHER YODER, PC P.O. BOX 692289 HOUSTON, TX 77269-2289 UNITED STATES					
<b>TITLE</b> Method and apparatus for segmentation-based image operations					
<b>FILING FEE RECEIVED</b> 1276	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		